Newsletter Fall 2009

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School Health Index Research Update Massachusetts Success Stories



HEALTHY KIDS BETTER STUDENTS

MASSACHUSETTS
COORDINATED
SCHOOL HEALTH PROGRAM

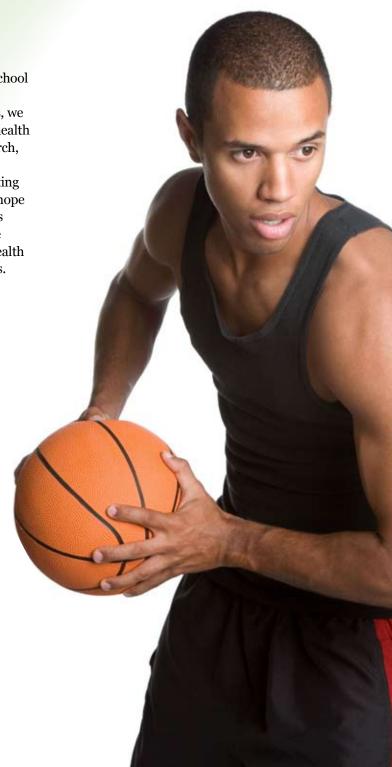
ello and welcome to the fall edition of the Coordinated School Health (CSH) newsletter! In each issue of our seasonal newsletters, we focus on one topic relating to school health concerns — including the latest research, success stories, and action steps for schools. This issue highlights "evaluating school health environments" and we hope you enjoy it. If you have any questions about our program or need assistance implementing Coordinated School Health or Wellness Policies, please contact us.

Thanks and have a healthy day!

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A partnership of the Massachusetts Departments of Elementary and Secondary Education and Public Health.



Coordinated School Health (CSH):

CSH is a joint initiative between the Massachusetts Departments of Elementary and Secondary Education and Public Health funded by the U.S. Centers for Disease Control and Prevention's Division of Adolescent and School Health (CDC/DASH). Our team's primary goal is to improve school policies, environment and instruction relating to physical activity, nutrition and tobacco. Research shows that improvement in these areas not only contributes to the healthy development of students but to their academic success as well.

In order to accomplish these goals, we promote the Coordinated School Health model as an approach where all school health-related activities are integrated within the school and community in an effort to enhance the health and academic outcomes of students. This model provides a framework for creating linkages between nine existing components:

Health Education - Physical Education - Health Services Food and Nutrition Services - Counseling, Psychological and Social Services Safe and Healthful School Environment - Health Promotion for Staff Family/Community Involvement - Family and Consumer Sciences Education

CSH staff provide training, technical assistance, and resources to schools to promote the healthy development of Massachusetts youth. Additionally, CSH collects the biannual School Health Profiles surveys on health-related programs in Massachusetts middle and high schools and works to increase coordination among state-level agencies and organizations working in school health. To learn more about CSH, please visit www.cdc.gov/HealthyYouth/CSHP.

Have a 'Top Notch' program? An easy way to find out.



In our last newsletter, we discussed the importance of having a wellrepresented School Health Council to help plan and implement school health programs.

Once this group is established, one of its first tasks should be to evaluate the school's current health environment. The School Health Index (SHI): Self-Assessment & Planning Guide is an easy-to-use tool developed for this purpose by the U.S. Centers for Disease Control and Prevention (CDC). The SHI assists schools in identifying strengths and weaknesses of their health programs and developing action plans for improving student health. The items in the SHI are based on the CDC's guidelines for school health programs, and are structured around the eight-component coordinated school health model.

The SHI consists of eight self-assessment modules School Health/Safety Policies and Environment, Health Education, Physical Education/Other Physical Activity Programs, Nutrition Services, Health Services, Counseling/Psychological/Social Services, Health Promotion for Staff, and Family/ Community Involvement - as well as a "planning for improvement" process. The self-assessment brings members of a school community together to discuss

what already is being done to promote good health at the school, and to identify any weaknesses. After completing the self-assessment, the team is guided to identify actions that will improve the school's performance in areas that received low scores. Many of the recommended improvements can be done with existing staff and few or no new resources.

The SHI is available at no cost and can be completed in as little as five hours, either online or on paper. To access a copy of the SHI, please visit www.cdc.gov/HealthyYouth/SHI. In addition, watch for future ESE trainings on implementing the SHI in your school.

The SHI is just one way to evaluate your school's health program. Read on for more ideas and examples of how schools have used a variety of evaluation techniques to make healthy changes.

"In order to help create our school wellness policy, we used the nutrition and physical activity modules of the School Health Index. By answering a series of questions, a score is reached which identifies an area of need. The modules are easy to use and empowered all in the group to have equal input in the process. Not only could we target areas of need, [but] the scores also recognized areas that we were doing well in."

Judy Aubin, North Attleboro Nurse Leader

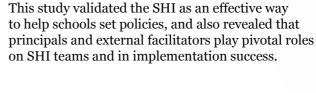
Research Update

School Health Index Success

Several studies have been conducted on the effectiveness of the School Health Index (SHI) since its launch in 2000, and all have yielded positive results. In one of these studies, the University of Arizona Cooperative Extension and Southeast Arizona Area Health Education Center (SEAHEC) facilitated implementation of the SHI in seven Arizona public elementary schools to measure its success. With the assistance of Cooperative Extension/SEAHEC staff members, each school evaluated its school health environment and developed action plans using the SHI. Each of the schools' action plans included items that could be addressed immediately (including prohibiting the use of candy as a reward and choosing healthy fundraisers) as well as policies that would require planning and implementation at the district level, such as adopting a sequential health curriculum. The study found that most schools made at least one immediate change based on the SHI results, and two schools hired physical education teachers based on the SHI results. The researchers also emphasized that the external coordinators were essential in keeping the SHI action plans on the agendas of school administrators.

Across the country, the Rhode Island Department of Public Health also evaluated the use of the SHI in creating healthier school environments. Its intervention, called Eat Healthy and Get Active!, involved implementing three of the eight SHI self-assessment modules (School Policies and Environment, Physical Education/Other Physical Activity Programs, and Nutrition Services) in four Rhode Island elementary schools. Each school worked with an external facilitator to establish a SHI team and develop action





For more information on these and other SHI research studies, please visit www.cdc.gov/HealthyYouth/SHI/use.htm.

Massachusetts Success Stories: Evaluating School Health Environments

Student Group Makes a Difference in Worcester, MA

The Doherty Memorial High School PEACH (Promoting Exercise And Continuous Health) Club launched in 2008 with the support of School Principal Sally Maloney. The club is made up of students, staff and community members and is responsible for the school's nutrition and physical activity in accordance with the School Wellness Policy. Jose Garcia, a health instructor at Doherty Memorial, is the club's advisor.

In 2007, the PEACH Club received a grant from Massachusetts Action for Healthy Kids. The club used the *Students Taking Charge Toolkit**, which was developed by Massachusetts Action for Healthy Kids and based on the *School Health Index*. Students use the Toolkit to assess and improve their school nutrition and physical activity policies. The club surveyed more than 1,100 Doherty students and, based on the Toolkit's overall scorecard, identified the school's strengths and weaknesses. From those results, the club realized goals and developed a plan of action.



The PEACH club prioritized their initiatives and selected Module 4 — Nutrition Services, as its first objective. The club met with Donna Lombardi, director of nutrition services for Worcester Public Schools, and proposed a "smoothie tasting afternoon" as a way to bring fresh fruit and nutrients to students. With Donna's support and encouragement, the tasting was held and met with a favorable response by the students. Smoothie types, ingredients, nutrient values, and costs were recorded and evaluated. These reports were then submitted to Donna, who announced at the next Worcester School Health Council meeting that the smoothies would be served at Doherty Memorial High School as part of a pilot program in 2009.

Last year, the PEACH Club worked on other objectives, including a joint effort with the Environmental School Club and Worcester Parks and Recreation to provide options for physical activities for elementary students.

PEACH members are now represented on the city's School Health Council, and the club's current goals are to establish their own school health committee, sustain their survey/module/initiatives, continue their work with elementary students, and develop a "Hearttrail" that will be available to the Worcester community.

*The Massachusetts Action for Healthy Kids Students Taking Charge Toolkit is currently being converted to an online resource by National Action for Healthy Kids to allow access by student groups across the country. In the meantime, a copy of the kit can be downloaded at www.johnstalkerinstitute.org/wellness/students.htm.

Captains Courageous in Gloucester, MA

After a summer of intense public scrutiny over a perceived increase in teen pregnancy, including national media reporting on a rumored "pregnancy pact" among teens in Gloucester schools, Gloucester examined its current school practices and created new policies for comprehensive health education and access to contraceptives. While under a spotlight, the mayor, school committee, superintendent, and administrators chose to be thoughtful and deliberative in their responses.

Gloucester schools already had many components of coordinated school health in place and so Superintendent Christopher Farmer called this team together to study the complicated causes for teen pregnancy and the roles and responsibilities of parents, schools and community groups. Health Coordinator Ann-Marie Jordan also invited several area health and social service agencies that she had established working relationships with to join the group. The discussion included the value of sciencebased curricula that are proven to reduce teen pregnancy and delay sexual activity; the role of comprehensive health education in helping students grow into healthy adults; and the schools' role in providing education and services to promote healthy adult sexual relationships.

The school committee, wanting to be informed on the benefits and risks of providing contraceptive services in school-based health centers, asked Gloucester Public Health Director, Jack Vondras, to convene a "blue ribbon" panel of experts. The three experts were Dr. Lauren Smith, Medical Director at the Massachusetts Department of Public Health; Dr. Karen Hacker of the Institute for Community Health; and Patricia Quinn of the Massachusetts Alliance on Teen Pregnancy. They detailed the broad benefits and minimal risks of contraceptive availability in schools, as well as focusing on the needs of teens. The school committee used that information in its deliberations and voted to

allow the High School Health Center to provide contraceptives, as long as a student's parents had not opted her out of the program.

The school department then

worked with ESE staff to provide professional development opportunities to health and physical education teachers

to enhance their comfort,

knowledge and skills in providing age-appropriate sexuality education. The program was entitled

Beyond the Facts:
Designing Sexual
Health Classroom
Activities That
Address Students
Feelings,
Concerns &
Questions. The
Massachusetts
Alliance on
Teen Pregnancy
also provided a
corresponding
workshop entitled
Science & Success:

Science & Success: Developing a Sexuality Education Prevention Program for the Gloucester Public Schools K-12.

To further assist Gloucester schools, local community health provider HealthQuarters applied for and received a North Shore United Way grant to work with Gloucester Public Schools in reviewing evidence-based programs appropriate for the Gloucester population, as well as developing a 4th and 5th grade puberty education curriculum.

HealthQuarters staff will provide training, technical assistance

and co-teaching opportunities during the 2009-2010 school year, and are conferring with staff at ESE to coordinate efforts.

Mayor Carolyn Kirk has also been actively engaged in examining the roles of school and community in addressing the needs of youth. After studying the issue, she and the school committee adopted the recommendations of the recently established Teen Mentoring Taskforce to create a program that would use adult and peer volunteer mentors — each trained and supervised by professional human services providers — to navigate issues and problems as they arise, with the aim of easing the sense of isolation and helplessness that can lead to serious trouble in any teen's life.

Real Results in Westford, MA

A review of several local Youth Risk Behavior Survey (YRBS) results taken in 2002 and 2004 at the Westford Public Schools indicated the emergence of a serious issue — middle school alcohol use. The Westford Board of Health, in conjunction with a Massachusetts Department of Public Health Opiates Grant and the Westford Public Schools, decided to implement Project Northland, a school-based, alcohol use prevention curriculum series that has proven to significantly reduce alcohol use and binge-drinking by high school students. The program was instituted for three years at both of Westford's middle schools (grades 6-8).

The YRBS was conducted again in 2008 at the two Westford middle schools and the results of the survey indicated a reduction in alcohol use at the middle school level. These successful outcomes were the result of much support and coordination between local and state agencies, as well as training from a curriculum that was scientifically proven to work.

Do you have a success story in the area of nutrition, physical education/activity, tobacco, other health issues or coordination in your school? If so, we'd love to hear from you so we can feature your story in an upcoming newsletter and inspire others. Please email your successes to Laura.York@state.ma.us.

H₁N₁ Flu Guidance

The Massachusetts Department of Public Health is working with the U.S. Centers for Disease Control and Prevention (CDC) and state and local partners to increase surveillance activities for possible cases of swine flu cases in the Commonwealth. For the latest information in Massachusetts, please visit the DPH H1N1 flu page at www.mass.gov/dph/swineflu and the H1N1 blog at http://publichealth.blog.state.ma.us/h1n1-swine-flu/.

The CDC has released "Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year." They have also prepared a useful communication toolkit to help school administrators implement these guidelines.

Guidance:

www.flu.gov/plan/school/schoolguidance.html

Technical Report:

www.flu.gov/plan/school/k12techreport.html

Communication Toolkit:

www.flu.gov/plan/school/toolkit.html

Are you on the list?

Every week, our program sends out various school health related resources and information such as new health research, professional development offerings, and grant opportunities. If you are not on our listsery, please send an email to CMilligan@doe.mass.edu and ask to be added. Also, if you have any school health dilemmas and would like input from other members, feel free to send your question to the above email to be forwarded to the group.



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